



**DEPARTMENT OF LABOR**

**Office of Workers' Compensation Programs**

**Proposed Extension of Existing Collection; Comment Request**

**AGENCY:** Division of Federal Employees' Compensation, Office of Workers' Compensation Programs, Department of Labor.

**ACTION:** Notice

**SUMMARY:** The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Office of Workers' Compensation Programs is soliciting comments concerning its proposal to extend OMB approval of the information collection: Statement of Recovery (SOR) Forms (CA-1108 and CA-1122). A copy of the proposed information collection request can be obtained by contacting the office listed below in the addresses section of this Notice.

**DATES:** Written comments must be submitted to the office listed in the addresses section below on or before [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*].

**ADDRESSES:** You may submit comments by mail, delivery service or by hand to Ms. Yoon Ferguson, U.S. Department of Labor, 200 Constitution Ave., NW, Room S-3323, Washington, D.C. 20210; by fax (202) 354-9647; or by Email [ferguson.yoon@dol.gov](mailto:ferguson.yoon@dol.gov). Please use only one method of transmission for comments (mail/delivery, fax, or Email). Please note that comments submitted after the comment period will not be considered.

#### **SUPPLEMENTARY INFORMATION**

*I. Background:* A Federal employee who sustains a work-related injury is entitled to receive compensation under the Federal Employees' Compensation Act (FECA). If that injury is caused under circumstances that create a legal liability in a third party to pay damages, the FECA authorizes the Secretary of Labor to require the employee to assign his or her right of action to the United States or to prosecute the action in his or her own name. See 5 U.S.C. 8131.

When the employee receives a payment for his or her damages, whether from a final court judgment on or a settlement of the action, section 8132 of the FECA (5 USC 8132) provides that the employee "shall refund to the United States that amount of compensation paid by the United States...." To enforce the United

States' statutory right of reimbursement, the Office of Workers' Compensation Programs (OWCP) has promulgated regulations. The regulations require a FECA beneficiary to report these types of payments (20 CFR 10.710) and submit the detailed information necessary to calculate the amount of the refund and surplus, if any, according to the formula in the statute (20 CFR 10.707(e)).

The information collected by Form CA-1108 and Form CA-1122 from the FECA beneficiary includes this information and is necessary to calculate the amount of the refund and surplus owed to the United States from the FECA beneficiary's settlement or judgment, as required in the statute and the regulations. This information collection is currently approved for use through November 30, 2018.

*II. Review Focus:* The Department of Labor is particularly interested in comments which:

- \* evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

- \* evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

\* enhance the quality, utility and clarity of the information to be collected; and

\* minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

*III. Current Actions:* The Department of Labor seeks the approval for the extension of this currently approved information collection in order to exercise its responsibility to enforce the United States' right to this refund. The information collected with Form CA-1108 and Form CA-1122 is used by SOL personnel to determine the amount to be reimbursed to the United States out of the proceeds of an action asserted by an injured Federal employee against a liable third party for a compensable injury.

*Agency:* Office of Workers' Compensation Program

*Type of Review:* Extension

*Title:* Statement of Recovery Forms

*OMB Number:* 1240-0001

*Agency Number:* CA-1108 and CA-1122

*Affected Public:* Business or other for-profit, Individuals or households

Form	Time to Complete	Frequency of Response	Number of Respondents	Number of Responses	Hours Burden
CA-1108 Business Respondent	30 min.	1	928	928	464
CA-1122 Individual Respondent	15 min.	1	10	10	3
Totals	NA	NA	938	938	467

*Total Respondents: 938*

*Total Annual Responses: 938*

*Average Time per Response: 15 - 30 minutes*

*Estimated Total Burden Hours: 467*

*Frequency: As needed.*

*Total Burden Cost (capital/startup): \$0*

*Total Burden Cost (operating/maintenance): \$249*

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

Dated: August 27, 2018.

**Yoon Ferguson,**  
*Agency Clearance Officer,  
Office of Workers' Compensation Programs,  
US Department of Labor.*

**Billing Code No. 4510-CH-P**

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